



MISSOURI DEPARTMENT OF REVENUE  
**BULK/CUSTOMIZED RECORD REQUEST FORM**

FORM  
**5153**  
(REV. 08-2008)

**THIS FORM MUST BE COMPLETED AND ACCOMPANY ALL WRITTEN REQUESTS FOR DEPARTMENT OF REVENUE BULK OR CUSTOMIZED INFORMATION. VERBAL REQUESTS WILL NOT BE PROCESSED. YOU MUST COMPLETE AND SUBMIT THIS FORM EVERY 12 MONTHS TO CONTINUE TO RECEIVE ON-GOING REPORTS/INFORMATION.**

**MAIL TO: MISSOURI DEPARTMENT OF REVENUE  
RECORD SALES  
P.O. BOX 2167  
JEFFERSON CITY, MO 65105**

**REQUESTOR'S NAME (PLEASE TYPE OR PRINT)**

NAME OF AUTHORIZED PERSON

TITLE

COMPANY

**SDC ACCOUNT CODE**

☐ N/A

**DPPA SECURITY ACCESS CODE** (REQUIRED TO RECEIVE RESTRICTED DATA FROM OUR FILES) \_\_\_\_\_ (NOT APPLICABLE FOR TAXATION RECORD REQUESTS.)

ADDRESS (MUST BE THE SAME AS ON FILE WITH DPPA SECURITY ACCESS CODE, IF APPLICABLE). IF DIFFERENT, A NEW DPPA CODE MUST BE REQUESTED FOR EACH SEPARATE ADDRESS. DATA WILL BE SENT TO THIS ADDRESS.

CITY, STATE, ZIP CODE

PHONE NUMBER

E-MAIL ADDRESS

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**STANDARD BULK REPORT (INCLUDE QUANTITY AND FREQUENCY) LIST PROGRAM # \_\_\_\_\_**

**CUSTOMIZED REPORT**

☐ DRIVER LICENSE SYSTEM    ☐ DEALER REGISTRATION    ☐ TITLES/LIENS    ☐ MARINE REGISTRATION  
☐ GENERAL MOTOR VEHICLE REGISTRATION    ☐ TAXATION INFORMATION (MAY REQUIRE POWER OF ATTORNEY OR OTHER LEGAL REVIEW PRIOR TO RELEASING)

**SELECT RECORDS BY THE FOLLOWING CRITERIA (BE SPECIFIC)**

**PROVIDE DETAILED REASON AND USE FOR THIS INFORMATION (BE SPECIFIC. IF NOT PROVIDED REQUEST WILL BE DENIED.)**

**SORT DATA OPTIONS - SPECIFY (A) FOR ASCENDING OR (D) FOR DESCENDING**

FIRST SORT: DATA FIELD \_\_\_\_\_ ☐ A OR ☐ D    SECOND SORT: DATA FIELD \_\_\_\_\_ ☐ A OR ☐ D  
OTHER (PLEASE SPECIFY)

**OUTPUT MEDIA: COMMA DELIMITED ☐ YES ☐ NO**

☐ SECURED FTP SITE    ☐ ENCRYPTED COMPACT DISC (CD)

**SIGNATURE OF AUTHORIZED REQUESTOR/SECURITY ACCESS CODE NUMBER HOLDER**

SIGNATURE

DATE

\_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT OF REVENUE REPRESENTATIVES**

THE ABOVE CUSTOMER IS AUTHORIZED TO RECEIVE THE INFORMATION IN ACCORDANCE WITH THE DRIVER'S PRIVACY PROTECTION ACT (DPPA) OR SECTION 32.057, RSMo, AND I AUTHORIZE OUR INFORMATION TECHNOLOGY STAFF TO EXTRACT THE INFORMATION ABOVE.

ADMINISTRATOR'S SIGNATURE (OR DESIGNEE): \_\_\_\_\_ SECURITY ACCESS VERIFIED  
☐ YES    ☐ N/A

REPORT IS ROUTINE/REOCCURRING: ☐ YES    ☐ NO

IF YES, DISCONTINUE REPORT ON DATE: \_\_\_\_\_ (NOT AUTHORIZED TO PRODUCE REPORT/INFORMATION BEYOND 12 MONTHS.)

BUREAU NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE SUBMITTED TO ITSD: \_\_\_\_\_

MAGIC TICKET NUMBER: \_\_\_\_\_

**TO BE COMPLETED BY ITSD REPRESENTATIVES**

THE DATA ABOVE HAS BEEN EXTRACTED AND FTP'D AND/OR SENT TO THE ADDRESS ON FILE WITH THE DPPA SECURITY ACCESS INFORMATION.

ITSD REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE REQUEST COMPLETED: \_\_\_\_\_